Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

SECHETARY OF THE SENATE 99 JAN - 8 PM 1:42 H.D.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	l. Effe	ctive Date of Re	egistration 16.99			
2. House Identification Number	. House Identification NumberSenate Identification Number					
REGISTRANT 3. Registrant name Mehl and Asso	ciates, Inc	C.				
Address 915 15th Stree						
City Washington,		State DC	Zip 20005			
Principal place of business (if different from line 3 City same as above)	State/Zip (or				
5. Telephone number and contact name (20): 408-0898 Contact	Marty Boy	3forn	E-mail (optional)			
6. General description of registrant's business or activities and business of		t consulti	ng firm			
CLIENT A Lobbying firm is required to file a separate registed Self and proceed so line 10. 7. Client name F.A.R.A. (Friedreic) Address (same as above) 91	Self n's Ataxia	Research	Alliance)			
City Washington,			Zip 20005			
8. Principal place of business (if different from line ?	<u> </u>	State/Zip (oi				
General description of client's business or excivition charitable activities to supplied the supplied of	s	cific rese	arch			
LOBBYISTS 10. Name of each individual who has acted or is expect this section has served as a "covered executive by acting as a lobbyist for the client, state the executi	ed to act as a lobb anch official" or `	yist for the clien	Tidentified on line 7. If any person listed in ive branch official" within two years of first			
Name		Cove	red Official Position (if applicable)			
Ronald J. Bartek		Not	applicable			
		1	**************************************			
Form LD-1 (Rev. 06/98)			Page }			

OBBYING ISSU! General lobbying issue		i He codes listed in instructions and c	on the reverse side of Form L	D-1, page 1.		
MED						
. Specific hobbying issue: increase	-) : medical research	·			
•	than the client that co	ntributes more than \$10,000 to to r part plans, supervises or contro		_		
⊠ No⇔ Go to lis	ne 14.	Yes 1 Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.				
Name		Address	•	Principal Place of Business (city and state or country)		
medical desirability and the second s						
DREIGN ENTITI						
		ship in the client or any organiza a major part, plans, supervises, c	controls, directs, finances o	r subsidizes		
 b) directly or in activities of 	ng activity?	ganization identified on line-13 ———————————————————————————————————	the rest of this section for conterna above, then sign	ach entity		
b) directly or in activities of c) is an affiliate of the lobbyi	of the client or any or ing activity?	Yes I Complete on matching the registration Principal place of business	the rest of this section for one criteria above, then sign in. Amount of contribution for	ach entity and date the Ownership percentage		
b) directly or in activities of c) is an affiliate of the lobbyi	e of the client or any or ing activity? ate the registration.	The state of the s	the rest of this section for one criteria above, then sign in. Amount of contribution for	ach entity and date the Ownership		